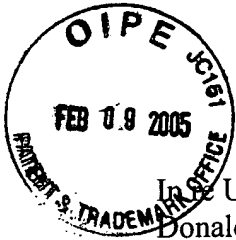


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EV 363911655 US



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No. 04286.00139

In U.S. Patent Application of)

Donald E. Godshaw and)

Andrezj M. Redzisz)

Examiner: Joseph Merek

Application No. 10/813,524)

Art Unit: 3727

Filed: March 30, 2004)

For: Tool Belt Carrier, and Pouch)
Construction)

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

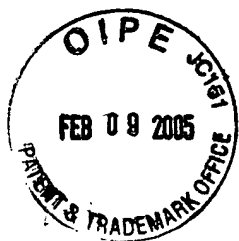
PRELIMINARY AMENDMENT

Dear Sir:

Please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims which begin on page 2 of this paper.

Remarks begin on page 9 of this paper.

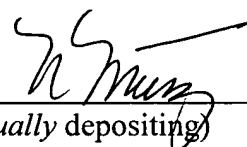


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By: 
(person actually depositing)

Inventor(s): Godshaw et al.

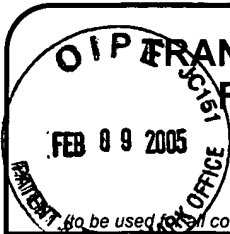
Serial No. 10/813,524

Filed: March 30, 2004

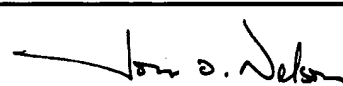
Title: Tool Belt Carrier, and Pouch Constructions

Matter No.: 004286.00139

- (X) Transmittal (in duplicate)
- (X) Amendment
- (X) Return Receipt Postcard

	Application Number	10/813,524
	Filing Date	March 30, 2004
	First Named Inventor	Donald E. Godshaw
	Art Unit	3727
	Examiner Name	Joseph Merek
Total Number of Pages in This Submission	Attorney Docket Number	004286.00139

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Express Mail Return Receipt Postcard
Remarks The Commissioner is hereby authorized to charge any deficiency or credit any overpayment to Deposit Account No. 19-0733. A duplicate copy of this sheet is enclosed.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Banner & Witcoff, LTD.		
Signature			
Printed Name	Jon O. Nelson		
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